May 03, 2001 8:00 am DOCUMENT # F96000001739 Secretary of State APPLIED GRAPHICS TECHNOLOGIES, INC. 05-03-2001 90047 018 ***150.00 Principal Place of Business Mailing Address 450 W 33 ST 450 W 33 ST 756952 11TH FL 3 FL NY NY 10001 NY NY 10001 118 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 13-3864004 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -- --6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FI 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 DC. CR2E034 (10/00) TITLE DCEO Delete prasner, Fred 450 West 33rd Street NAME NAME FRASNER, FRED STREET ADDRESS STREET ADDRESS 450 W. 33RD ST. New YORK, NY 10001 CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10001 pleoples. Joseph Addition Delete Change TITLE **CDVC** TITLE NAME NAME ASHLEY, DEREK 450 West 33rd Street STREET ADDRESS STREET ADDRESS 450 WEST 33RD STREET New York, NY 10001 CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10001 ☐ Change X Addition Delete TITI F TITLE Obernauer, Sr., Marne NAME NAME ROMANO, DIANE 450 Park Avenue STREET ADDRESS STREET ADDRESS 450 W 33 ST NUMYORK, NY 10032 CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10001 Delete TITLE Change Addition TITL E Patrick N. Grady NAME NAME SALAMONE JR. LOUIS HSO West 33rd Street STREET ADDRESS STREET ADDRESS 450 W 33 ST Nou York, NY 10001 CITY-ST-7IP CiTY~ST-7IP NEW YORK NY 10001 DCLO/S/EVP TITLE ☐ Delete TITLE Change Addition Krall, Martin NAME KRALL, M D NAME HSOW 331d St. STREET ADDRESS STREET ADDRESS 450 W 33 ST CITY-ST-ZIP CITY-ST-7IP NY NB 10001 NY NY 10001 ☐ Change TITLE X Addition TITLE **⊠** Delete Lineth Toroslan NAME BUONFIGLIO, N NAME 450 WEST 33 FA St. STREET ADDRESS STREET ADDRESS 450 W 33 ST CITY-ST-ZIP NWYORK, NY 10001 NY NY 10001

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Martin D. Krall